Bureau of Health Care Quality and Compliance

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		NVN5345PCA		B. WING		03/0	8/2010
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	-	
CARE MIN	DERS HOME CARE		850 MILL S RENO, NV	ST STE 205A 89502			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODERIGIENCY)	JLD BE	(X5) COMPLETE DATE
P 000	Initial Comments		P 000				
	This findings and con by the Health Divisior prohibiting any crimin actions or other claim available to any party state or local laws. This Statement of Dea result of the State Frompleted on your agrelicensure survey was by authority of Chapte Agencies. The patient census we Eight client records we Six client contacts we Ten employee files who was to be a contact of the following regulated. Section 15(2) Description attendants are prohibincluding, without limit (a) Making a long distipersonal in nature: (1) On a telephone of client; or (2) While on duty proviservices to a client; (b) Loaning, borrowin money or personal ite (c) Accepting or retain from a client, other the	gency on 3/8/10. The sas conducted at your ager 449, Personal Care as 113. Vere reviewed. Personal care reviewed. Personal care reviewed. Personal care reviewed. Personal care as 113. Personal care reviewed. Personal care reviewed. Personal care as of any activities that particularly activities that parti	d as s., ral, ral, red as tate gency bund:	P 110			
		al guardian of a client o	r				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SU COMPLE	
		NVN5345PCA		B. WING		03/0	08/2010
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P 110	Continued From page	e 1		P 110			
	being named as an attorney-in-fact in a power of attorney executed by the client;						
	Based on record revie agency failed to include	not met as evidenced bew and staff interview, t de in their documentation al care activities prohibiosure statement.	the on a				
	information: (a) Making a long dist personal in nature: (1) On a telephone or client; or (2) While on duty proviservices to a client; (b) Loaning, borrowin money or personal ite (c) Accepting or retain from a client, other that the purchase of groce client; and (d) Becoming the legal being named as an at power of attorney exercises.	isclosure Statement, res and employee new tance telephone call that wined by or provided by viding personal care g or accepting gifts of ems from a client; ning money or gratuities an money needed for eries or medication for the languardian of a client of totorney-in-fact in a ecuted by the client;	at is a s he				
D 440	Scope: 3 Sever			D 440			
P 140	diseases;			P 140			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		NVN5345PCA		B. WING		03/0	8/2010
NAME OF PR	OVIDER OR SUPPLIER	1 111100101 071	STREET ADDI	I RESS, CITY, STA	TE, ZIP CODE	1 00/0	0/2010
CARE MIN	IDERS HOME CARE		850 MILL S RENO, NV	T STE 205A 89502			
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P 140	Continued From page 2			P 140			
	Based on review documentation, observation and staff interview, the agency failed to provide an infection control policy that would provide for the prevention, control and investigation of infections and communicable diseases as required by statute. Review of the policy and procedure manual, the agency's standard forms and interview revealed a lack of documentation for a method for identifying, preventing, controlling and investigating infections and communicable diseases.						
	of Client # 6 the care	d on observation of a caregiver in the home ent # 6 the caregiver failed to provide for revention and control of infections and nunicable diseases.					
	_	o change gloves after n and cleaning the the f of the kitchen.	food				
	Scope: 3 Seve	erity: 2					
P 220	Section15(13) Specia	al Client Needs		P 220			
	13. Set forth any other necessary based on the special populations set.	-	nat is				
	Based on review of d the agency failed to s information that is ne	not met as evidenced be ocumentation and interset forth any other specicessary based on the nage	view, fic eeds				
	Scope: 3 Severity:	1					

	OF DEFICIENCIES F CORRECTION	T(XZ) WOLTH LE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		NVN5345PCA		B. WING		03/0	8/2010
NAME OF PR	OVIDER OR SUPPLIER	1111100 101 071	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1 00/0	0/2010
CARE MIN	IDERS HOME CARE		850 MILL S RENO, NV	T STE 205A 89502			
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P 230	Continued From page 3		P 230				
P 230	Section 16.1(a-i) Pers	sonnel File		P 230			
	kept for each attenda must include, without (a) The name, address the attendant; (b) The date on which working for the agency (c) Documentation that tests or obtained the by NAC 441A.375; (d) Evidence that the attendant were check (e) Evidence of compthe administrator of the person licensed to oprespect to the attendant obtained a cardiopulmonary resundant obtained a cardiopulmo	limitation: is and telephone number of the attendant began by; at the attendant has had certificates required references supplied by the agency; liance with NRS 449.17 he agency or the erate the agency with ant; months after the attendant; agency, the certificate in first aid an ascitation issued by the ed Cross or an equivale by the Health Division; andant is at least 18 years on by the attendant of a bility insurance state law if the attendant of a sportation to a client in a stall training attended by ons of the	er of d the the 79 by dant d ent urs of ut ant a				
	Based on employee f interview, the agency		у.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SU COMPLET		
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NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	ATE, ZIP CODE		
			850 MILL S RENO, NV	T STE 205A 89502			
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P 230	Continued From page 4			P 230			
	documentation of the required TB skin testing for five of the ten employees reviewed.						
	documentation. Employees # 7 had a greater than 365 days Employee #5 reported test. The agency lack any positive skin tests Employees #6 had not two-step test. Five out of ten employ documented evidence physical exams with tregulation requirement good health, free from	d a history of a positive ked documented evider s. o documentation of a syee files reviewed lacked of pre-employment the wording that met the first that the employee wan active TB and free fro	skin nce of ed eas in m				
	communicable diseases in a contagious stage. (Employees: #1, 2, 7, 8) Three out of ten employee files reviewed had no evidence that their references had been checked. (Employees #2, 4, 5) One out of ten employee files reviewed lacked documented evidence of CPR and First Aid certification within six months of their hire date.						
	(Employee #1) Scope:2 Severity: 2						
	Scope:3 Severity: 2						

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
CARE MIN	IDERS HOME CARE		850 MILL S RENO, NV	LL ST STE 205A NV 89502				
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P 280	Continued From page 5			P 280				
P 280	Section 17/1(2) Docu	mentation of Supervision	on	P 280				
	must be documented documentation must administrator or his disupervisory visit and consist of an evaluati (a) Appropriate and sused in the provision services to the client; (b) The service plane been followed; (c) The service plane emeting the personal client; (d) The attendant proservices to the client training relating to the the attendant is provide) It is necessary for designee to follow up client concerning any care services being provided as the result telephone call. This STANDARD is a Based on review of dinterview, the agency supervisory telephone.	be dated and signed by esignee. Each each telephone call mu on of whether: afe techniques have be of personal care established for the clien care needs of the viding personal care has received sufficient e personal care services	the st een thas t is s that anal the et or					
	Based on review of d	ocumentation and staff						

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P 280	Continued From page	e 6		P 280			
	interview the agency failed to include the following required evaluations: (a) Appropriate and safe techniques had been used in the provision of personal care services to the client; (d) The attendant providing personal care services to the client had received sufficient training relating to the personal care services that the attendant was providing to the client						
	Scope: 3 Severity: 2	-					
P 450	Section 21.1(2) Griev	ance Procedure		P 450			
	and enforce a proced grievances, incidents the agency in accorda policies and procedur procedure established administrator must indithat the administrator notified of each grieva. The administrator or hersonally investigate manner. A client who complaint or reports a agency must be notifi	and complaints concer ance with the written res of the agency. The d and enforced by the clude a method for ensi- or his designee is ance, incident or complais designee shall the the matter in a timely files a grievance or an incident concerning the ed of the action taken it ance, complaint or repo	uring aint. the n				

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		NVN5345PCA		B. WING		03	08/2010
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NAME OF PE	ROVIDER OR SUPPLIER				TE, ZIF CODE		
CARE MIN	IDERS HOME CARE		850 MILL ST STE 205A RENO, NV 89502				
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P 450	Continued From page 7			P 450			
	communication between	tation revealed a lack o een the administrator ar grievances, complaints	nd				
	Scope: 3 Severity:	2					
P 510	Section 23.1 Prohibite	ed Services		P 510			
	ensure that each atte the agency is working and conducts himself manner. An attendant any of the services list a client. 2. The services an atta client include, without (a) Insertion or irrigation of insertion of an enemal (c) Application of a dramedication or aseptic including, without limit moderate or severe cody Administration of it muscles or the skin; (e) Administration of it without limitation, the suppositories, the appropriate lotion for the sof drops in the eyes; (f) Performing physical (g) Monitoring vital sig (h) Using specialized (i) Performing a digital (j) Trimming or cutting (k) Massage;	g within his scope of set in a professional tis prohibited from provided in subsection 2 to tendant must not provide limitation: ion of a catheter; ody cavity, including, with the ear, a or a vaginal douche; ressing involving prescrutechniques, tation, the treatment of conditions of the skin; njections of fluids into valued in the interval of the i	rvice riding le to ithout iption reins,				

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P 510	client to the office of a medical information to the client or to receive the physician concern (n) Any task identified the regulations adopt Board of Nursing as reare, including, without hat are within the secretified nursing assist This STANDARD is Based on record reviethe client's representate enforce the prohibited 23. 1. (m) Providing reincluding, without limic client to the office of a medical information to the client or to receive the physician concern Client # 3 has been a caregivers to his appoint.	client; I case management, tation, accompanying a physician to provide to the physician concerned medical information from the client; and the chapter 632 of NRS and the state requiring skilled nursing the limitation, any service ope and practice of a stant. The third the state and the standard practice of a stant the state and the standard practice of a stant the state and the standard provide as the state of the physician to provide the physician concerned medical information from the client.	ing om and es y: and to ec. ent, ing om	P 510				
	portion of the counse contributing client info Based on record revie failed to ensure that o within the limitations of set forth in the prohib and (n)	ling sessions and primation. ew and interview, the accaregivers were practicular their scope of practiculations in: Section 23.1. g video and associated	gency ng e as					

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P 510	Medications. Auth. and Dir. Marion Arts Communications the content of the trai audience of skilled, lie Interview and record that the agency contro of Veteran Affairs for provide skilled nursing provided this service by the employee of the registered nurse. (Client #5, 7, 8). Interview and record that the employee of the	Karpinski, RN. A Heali Production, revealed to the production, revealed to the production of the produ	hat ce nent ment ce	P 510	DEFICIENCY)		